

## National Child Traumatic Stress Network Position Statement: Evidence-Based Practice

### Child Trauma Prevalence and Evidence-Based Practice as an Approach<sup>i</sup>

Rates of exposure to childhood trauma are significant, with one nationally representative 2014 study finding that 60.8% of children sampled had experienced at least one type of trauma in the past year.<sup>1</sup> In 2008, the estimated societal cost of child maltreatment alone was approximately \$124 billion per year.<sup>2</sup> While not all children exposed to trauma require mental health services, up to 79% of children in need of such services do not receive them.<sup>3</sup> Furthermore, most children receiving mental health services do not have access to evidence-based treatments, which are associated with better outcomes for children and offer significant cost savings.<sup>4</sup>

The National Child Traumatic Stress Network (NCTSN) is committed to promoting the highest standards of evidence to address traumatic stress across child-serving systems. In addition to encouraging the use of evidence-based practice, the NCTSN also values the development and use of treatments and non-clinical interventions with demonstrated efficacy and effectiveness. For the purposes of this statement, *evidence-based practice refers to a clinical decision-making approach in which the practitioner, in consultation with the client “explicitly, conscientiously, and judiciously” selects the evidence-based treatment options best suited to meet the client’s needs and obtain optimal outcomes.*<sup>5</sup> Agencies and practitioners using an evidence-based practice approach will critically appraise and select treatments and interventions by weighing the use of the strongest available evidence with what practice approach is the most appropriate for working effectively with clients.

Evidence-based practice as defined draws upon and integrates information from multiple sources, including the highest level of empirical evidence derived from systematic research, clinical expertise, client background, culture, developmental stage, circumstances and preferences, and informed client choice. Evidence-based practice differs from approaches based on tradition, convention, anecdotal evidence, convenience, theoretical preference, or speculation.

Evidence-based practice, by definition, incorporates the use of an *assessment driven and outcomes-oriented approach*. This promotes the identification and use of evidence-based assessment tools in conjunction with evidence-based interventions or treatments. There is increasing research supporting the effectiveness of measurement-based care, which is the ongoing use of client-level symptom and functioning measures to monitor treatment and to aid clinical-decision making.<sup>6</sup>

#### NCTSN aspires for each child to have access to a clinician using an evidence-based approach.

1. Ask the right clinical question (e.g., Is trauma-informed treatment appropriate for this client presenting with these symptoms and impairment that are due to these trauma exposures and circumstances.)
2. Identify the best evidence with which to answer the key questions.
3. Critically appraise the evidence for its validity (closeness to the truth) and usefulness (clinical applicability)
4. Act on the evidence:
  - a. Integrate the appraisal with clinical expertise;
  - b. Explain to your client the balance of evidence considering the pros and cons; and
  - c. Apply the results in practice
5. Assess and evaluate your performance: assess progress along the way and evaluate with the use of outcomes.

Sackett, DL. Evidence-based medicine. *Seminars in Perinatology*, Vol 21, 1997; and *Students 4 Best Evidence in Healthcare*. “What are key steps in Evidence-based Medicine?” 2015. Downloaded 11.12.17

<sup>i</sup>In this document, the term evidence-based practice is used as a verb—meaning it is part of a comprehensive approach, and the term evidence-based treatment is used as a noun. Evidence-based treatments are part of the tools used in an evidence-based practice approach. In this document, Evidence-based treatments refer to interventions offered specifically within clinical services and evidence-based interventions is used more broadly as it is also applicable to preventive, public health, or community protocols. (See Definition of Terms). This statement focuses on evidence-based mental health practice with slight emphasis on “treatments” given their inherent accountability standards as part of health care.

Evidence-based interventions (i.e., both evidence-based prevention and treatment) are approaches to prevention or treatment that have moved from a strong theoretical basis to rigorous scientific evaluation and have demonstrated benefit with one or more populations. In addition, evidence-based assessment tools have met acceptable psychometric standards in terms of reliability and validity for the populations in which they are used.

Since there may be discrepancies between what organizations and their providers understand to be effective and what the scientific research shows, taking an evidence-based practice approach means conscientiously taking a critical mindset in considering best treatment options, particularly for client subgroups for which a treatment or practice approach has yet to be tested.

## **Rating Level of Evidence**

A number of Evidence Rating Systems<sup>ii</sup> exist that help agencies, practitioners, and individuals to evaluate (critically appraise) the quality and level of evidence supporting evidence-based treatments and interventions. These rating systems work to ensure that the strength with which a given intervention is recommended as appropriate for treatment (or a nonclinical application), aligns with the strength of evidence supporting its effectiveness with a given population. The NCTSN does not rank or evaluate evidence-based treatments and promising practices, but recommends that agencies and practitioners refer to these established rating systems and peer-reviewed published research studies when selecting treatments and interventions to use with clients. To promote innovation and address unmet clinical challenges, evidence-based practice involves the development and rigorous clinical and scientific evaluation of new interventions with careful attention to the principles of clinical and scientific ethics.

The NCTSN recognizes that there is a continuum of evidence and respects the developmental process that builds toward an evidence-base. These include exploratory clinical case or case-sequence studies and open clinical trials that evaluate outcomes of innovative or modified interventions/treatments in real-world service settings, in addition to the full-scale, replicated, randomized controlled trials and meta-analytic approaches done across many studies. The evidence base is limited for some subgroups of clients; in this circumstance, an evidence-based approach involves weighing consideration of the needs of the client, outcomes to be monitored, along with a review of what the evidence is for the interventions and treatments that warrant consideration in treatment planning. When clinicians consider tailoring a treatment for particular client(s), there should be an added emphasis on collecting treatment outcomes and monitoring progress. When more than tailoring of an intervention is needed, such as making an adaptation for specific groups or populations, consultation with experts is recommended to preserve core components of the intervention or treatment.

## **Evidence-Based Practice in the NCTSN**

The NCTSN has been instrumental in identifying and/or developing, implementing, and evaluating clinical use of several evidence-based, trauma-focused interventions that promote resilience and recovery for children suffering from traumatic stress and related symptoms due to a wide range of traumatic events and experiences. In addition, the NCTSN has been working since 2001 to move the evidence-based practice approach and its use of evidence-based treatments and outcomes measurement into wider community practice, including facilitation of statewide and national dissemination.

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<sup>ii</sup> These treatment interventions are listed on the NCTSN website (<http://nctsn.org/training-guidelines>), the California Evidence-Based Clearing house for Child Welfare (<http://www.cebc4cw.org/>); Blueprints for Healthy Youth Development (<http://www.blueprintsprograms.com/>), and Penn State's Military Families EBP clearing house (<https://lion.militaryfamilies.psu.edu/programs/find-programs>)

## Core Elements of Evidence-Based Treatment in the Child Trauma Field

Given the growing demands for treatment and the many years of research in this area, analytic literature reviews now provide an increasingly comprehensive body of information about trauma treatment efficacy and effectiveness.<sup>7,8</sup> The most tested treatments for child traumatic stress include a number of core practice elements across treatments. Subsequent to a trauma-informed developmental mental health assessment across social, emotional, and behavioral domains, along with a strong therapeutic alliance and client engagement strategies are foundational elements in these treatments.<sup>9</sup> Other core elements include: 1) psychoeducation about trauma and goals of treatment; 2) management of stress-related symptoms and trauma reminders; 3) trauma narration and organization; 4) cognitive and affective processing; 5) problem solving regarding safety and relationships; 6) parenting skills and behavioral management (imported and adapted from a strong non-trauma empirical base); 7) addressing grief and loss; 8) emotional regulation; and 9) supporting youth to resume developmental progression that may have been derailed, particularly in cases where multiple exposures or serial events have occurred over time.<sup>10</sup> Across most evidence-based treatments for child traumatic stress, parents and/or caregivers are included as essential participants in treatment, highlighting the important and powerful role of the attachment relationship in a child's recovery from trauma. These core components illustrate the important core concepts and skills that child trauma clinicians should consider essential to best practice.<sup>11,12,13</sup> Similar core components are also often used in promising practices that are still under development.

## NCTSN Commitment to Advancing Evidence-Based Practice

The NCTSN is committed to collaborating with federal, state, and local partners (including consumers) working on behalf of traumatized children, families, and providers to:

1. Better understand the evidence for each intervention and treatment;
2. Better understand and define which treatments and interventions are effective for which problems, with which populations, and in which settings;
3. Support development and dissemination of evidence-based treatments appropriate for underserved populations and that can reduce or eliminate disparities in mental health service utilization and outcomes;
4. Evaluate progress and outcomes of treatment with appropriate clinical measures. Identify the most effective and efficient ways to:
  - a. Train front-line practitioners in use of an evidence-based practice approach, which emphasizes critical thinking in the selection and use of evidence-based treatments and appropriate outcome assessments;
  - b. Disseminate and implement evidence-based treatments with fidelity (i.e., adherence to treatment protocol) in order to achieve and document optimal outcomes;
  - c. Evaluate any perceived need for tailoring or adapting of an evidence-based treatment with attention to a client's progress and outcomes.
5. Document and address barriers to implementation at the intervention, consumer, practitioner, supervisor, administrator, institutional, community, state, and federal levels;
6. Educate about and inform federal policies that support children's health by incorporating evidence about childhood trauma prevention and intervention.
7. Promote trauma-focused interventions, treatment, and assessment instruments for children, families, and providers exposed to trauma that achieve evidence-based status in nationally recognized Rating Systems;
8. Support research that continues to build the field's trauma-specific cumulative evidence of treatment processes, efficacy, and effectiveness, as well as strengthening evidence of treatment process, acceptability to clients, and selection of appropriate outcomes measures.

## Definition of Terms

The NCTSN working group on Evidence-Based Practice has defined the following terms for the purposes of this document.

- Adaptation: Purposeful change in the mix of core intervention components or active intervention ingredients within an established intervention in order to serve a different target population.
- Critical Appraisal: Carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context.<sup>14</sup>
- Efficacy: Explanatory trials that determine whether a treatment intervention produces the expected result under ideal circumstances.<sup>15</sup>
- Effectiveness: Pragmatic trials that measure the degree of beneficial effect under “real world” clinical settings.<sup>16</sup>
- Evidence-based practice: The integration of best research evidence with clinical expertise and patient values and preferences.
- Evidence-based medicine: The conscientious, explicit, and judicious use of the current best evidence in making decisions about the care of individual clients.<sup>17</sup>
- Evidence-based treatment: A coherent set of clearly described treatment components and specified linkages among components designed to produce a set of desired outcomes that have been demonstrated to be effective during randomized controlled trials or similar rigorous testing published in the peer-reviewed literature.
- Meaningful use of assessments: The link between gathering assessment information (from any range of formats or sources) and using this information to guide, inform, and support practice and delivery of services.
- Measurement-based care: The practice of basing clinical care on client data collected throughout treatment.
- Outcomes orientation: Using measurable data before, during, and after treatment to assess an individual, group, or treatment program’s achievement of a treatment’s end-goals.
- Tailoring: Making a change in an established intervention’s component(s) to apply to the individual needs or circumstances of a specific client.
- Trauma Focused: Refers to treatments and interventions that have been designed or specifically adapted to address the symptoms associated with the adverse effects of exposure to traumatic events.
- Trauma Informed: Refers to actions taken by individuals, agencies, and systems to infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies designed to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.<sup>18</sup>
- Treatment: The provision of therapeutic care or services to children and their families by a care provider within a clinical setting.
- Intervention: Combination of program elements designed to produce behavioral change or improve health, social, and environmental well-being, and more. Intervention is used in this statement as a broader term than treatment. Unlike treatment, interventions may utilize non-clinical strategies and settings to achieve improvement, and have been demonstrated to be effective during randomized controlled trials or similar rigorous testing published in the peer-reviewed literature.<sup>19</sup>

## References

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